

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 16 AM 10:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98 000027076

1. Corporation Name

All Service + Supplies Inc.

REINSTATEMENT 03-04

2. Principal Office Address

4100 N Powerline Rd

Suite, Apt. #, etc.

B 0-2

City & State

Pompano Bch, FL

Zip

33073

Country

Broward

3. Mailing Office Address

5030 Champion Blvd

Suite, Apt. #, etc.

6-432

City & State

Boca Raton, FL

Zip

33496

Country

Palm Bch

100027909791

02/16/04--01025--020 **150.00

4. Date incorporated or Qualified To Do Business in Florida

3/24/98

5. FEI Number

650822966

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Victor Winitz

100027909791

01/30/04--01005--011 **750.00

Street Address (P.O. Box Number is Not Acceptable)

15904 Double Eagle Trail

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33446

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

V. Winitz

REGISTERED AGENT MUST SIGN

Date

2/9/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PSID</u>	<u>Victor Winitz</u>	<u>5030 Champion Blvd</u>	<u>Boca Raton, FL 33496</u>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/04 561-756-4775

Date

Daytime Phone #

CR2E081 (10/02)